CCG Finance and the “Big Conversation”

Andrew Wood, Chief Finance Officer
Allocations

• Each CCG receives an annual allocation of money based on the previous year plus a nationally agreed level of growth.
• Each CCG has a funding target based on a national formula. The level of growth is adjusted based on how far the CCG is from that target.
• The CCG in 2013/14 was the worst funded in England. Despite receiving above average levels of growth each year, we remain the 14th worst funded.
• As the CCG is now within 5% of the target, we cannot expect above average growth rises in future.
• In 2017/18, funding per head is £1,570, compared to an England average of £1,630.
• The 2017/18 allocation is £290m.
Financial performance

• Breakeven 13/14 and 14/15

• £7m pressure in 14/15 (across both CCGs) coming out of the Hampshire Continuing Health Care risk share

• £1m deficit SEH in 15/16

• Forecast for 2016/17 is a £0.7m deficit after repaying the previous year’s £1m.

• £18m QIPP savings delivered (across the 2 CCGs) in 15/16 and again in 16/17
## Spend and growth by sector

(*excluding primary care co-commissioning to enable comparisons over time*)

<table>
<thead>
<tr>
<th>Sector</th>
<th>13/14 spend (£’m)</th>
<th>Growth rate 13-14 to 14-15 (%)</th>
<th>14/15 spend (£’m)</th>
<th>Growth rate 14-15 to 15-16 (%)</th>
<th>15/16 spend (£’m)</th>
<th>Growth rate 15-16 to 16-17 (%)</th>
<th>Forecast Outturn 16/17 %</th>
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<tr>
<td>Portsmouth Hospitals</td>
<td>84.3</td>
<td>5.5</td>
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<td>22.5</td>
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<td>16.2</td>
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<td>7.5</td>
<td>41.3</td>
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<td>229</td>
<td>9.2</td>
<td>250 (274) * excluding vanguard</td>
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The Future?

• Very low allocation growth for 2017/18 and the next two years
• Demand continues to rise
• Savings targets are getting higher than we can realistically deliver
• We are already an efficient system according to various benchmarks (e.g. RightCare)
• So what do we do?
“Your Big Health Conversation”

Phase one – initial results
Background

“Your Big Health Conversation” was launched in early February

Across Fareham and Gosport, South Eastern Hampshire, and Portsmouth

**Objective 1)** a ‘plain English’ explanation of challenges facing the NHS

**Objective 2)** getting feedback as to how the NHS should change

“Your Big Health Conversation” to date is ‘phase 1’ of a much longer project. In future the CCGs will look at more specific issues, and use a wider range of engagement techniques
What we did

A survey was developed, exploring some broad themes which the NHS must consider in the coming months and years

Included: mental health; seven-day services; centralisation of acute specialties; self-care, and the balance between acute and community/primary care services

Survey available online, and via hard copies

Promoted via traditional media, through established stakeholder and partner networks, and via social and digital media
Who responded?

1,906 respondents

- 94% white
- 20% disability
- 37% carer
- 52% F&G
- 23% SEHants
- 17% Ports
- 36% men
- 63% women
- 17% 18-44
- 44% 45-64
- 37% 65+
The local NHS needs to change, and...

- The NHS does **not need** fundamental change
- The priority should be **mental health** care services
- The priority should be **hospital-based** care services

- **Don’t know / unsure**

  - 64.7%
  - 9.1%
  - 7.8%
  - 9.4%
Helping people to stay healthy

- 67% Shorter waiting times
- 50% Emotional / mental health support
- 37% Support people to be active
- 35% New tech to help monitoring
- 30% New tech for communication
- 19% Lifestyle information
- 16% Access to peer support
To reduce ‘bed-blocking’...

...the balance of spending is about right at the moment.

...it makes sense to prioritise care in major hospitals – even if that means fewer community services.

...it makes sense to prioritise care close to home – even if that means fewer hospital beds.

57.2%

20.7%

13.1%

8.9%

Don’t know

8.9%
To ease demand on GPs...

...people should be encouraged to **take more responsibility** for their own health.

...GP **practices should more closely together** to create a bigger pool of frontline staff.

...fundamental **change is not needed** – the system should be able to cope.

...patients with minor problems should **see other NHS staff** instead.

![Pie chart showing distribution of responses](chart.png)

- **50.3%**
- **16.3%**
- **22.7%**
- **Don’t know**
Specialist, or local?

Don’t know

15%

12%

73%

...as many services as possible should be provided at **all hospitals**, even if outcomes are not as good as they could be

...people can benefit from **large, specialist departments** – even if they are further from home
What does a “seven day NHS” mean?

- All NHS services should be available, every day – Saturdays and Sundays should be like any other day (33.9%)
- At weekends, the priority should be urgent care services before expanding routine care (41.9%)
- At weekends, the priority should be routine care services before expanding urgent care (15.1%)
- Don’t know (5.8%)
- There are enough NHS services at the weekend already (2%)

At weekends, the priority should be urgent care services, before expanding routine care.
Next steps

Full analysis of results

Results published on CCG websites, and promoted using social media and other channels

‘Phase two’ focus areas to be agreed – may vary across CCGs

‘Phase two’ engagement methods to be agreed

Work undertaken to support the design of new models of care, ensuring local patient needs, expectations and preferences are considered